

CONTRACT #12
RFS # 339.17-027

**Department of Mental Health
and Developmental
Disabilities (MHDD)**

VENDOR:
University of Tennessee

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 22 2007

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS # 339.17-027

2) State Agency Name : TDMHDD-MMHI

EXISTING CONTRACT INFORMATION

3) Service Caption : Psychiatric Services (Psychiatrist & Psychiatric Residents)

4) Contractor : University of Tennessee

5) Contract # ED-04-01188-00

6) Contract Start Date : July 1, 2003

7) Current Contract End Date IF all Options to Extend the Contract are Exercised : June 30, 20078) Current Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$2,331,396.00

PROPOSED AMENDMENT INFORMATION

9) Proposed Amendment # 410) Proposed Amendment Effective Date : July 1, 2007
(attached explanation required if date is < 60 days after F&A receipt)11) Proposed Contract End Date IF all Options to Extend the Contract are Exercised : June 30, 200812) Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$2,877,353.0013) Approval Criteria :
(select one) ☒ use of Non-Competitive Negotiation is in the best interest of the state☐ only one uniquely qualified service provider able to provide the service

14) Description of the Proposed Amendment Effects & Any Additional Service :

This amendment will revise the present contract by increasing the salaries of the Psychiatrist & Residents by 3%. There has not been an increase for two (2) years.

15) Explanation of Need for the Proposed Amendment :

The facility wishes to retain the services of UT contracted Psychiatrist & Residents to fulfill the staffing needs of MMHI when the need

arises. UT is the only medical school in West Tennessee that can provide the psychiatric coverage needed at MMHI. Utilizing a medical school such as UT is a very cost effective means of providing quality services at less cost. Also, utilizing UT will also help in maintaining a relationship with another state agency that can prove useful in any present & future endeavors.

16) Name & Address of Contractor's Current Principal Owner(s) :
(not required if proposed contractor is a state education institution)

UT is a state education institution.

17) Documentation of Office for Information Resources Endorsement :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

18) Documentation of Department of Personnel Endorsement :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

19) Documentation of State Architect Endorsement :
(required only if the subject service involves construction or real property related services)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

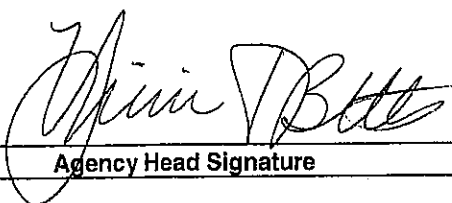
UT is the only medical school in West Tennessee that can provide the psychiatric coverage needed at MMHI.

21) Justification for the Proposed Non-Competitive Amendment :

Contracting with a state medical school such as UT is very cost effective. This approach will benefit both state agencies. MMHI will have emergency psychiatric services when needed & UT will have access to direct on-site supervised training.

REQUESTING AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances)



6/19/07

Agency Head Signature

Date



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF CONTRACTS REVIEW
Contract Review Notes

RFS # 339.17-027, ED-04-01188-04, University of Tennessee

OCR REVIEWER: Una Tosh

DATE: June 5, 2007

GENERAL INFORMATION / INSTRUCTION

- i Address or correct each issue/problem detailed below.
NOTE: Do not change the contract or the Contract Summary Sheets except as may be required to address or correct issues/problems detailed below. If for some reason additional change is found necessary, submit a cover memo detailing such along with the subject, contract when it is re-submitted to OCR for approval review.
- ii Obtain new contract party signatures (or initials) as necessary and appropriate for contract revisions.
- iii Re-submit the proposed, contract (and any documentation and associated records required for approval) to OCR with a copy of this communication.
- iv If you do not concur and seek approval regardless of the review results detailed below, please:
(1) complete the request for F&A executive review & approval in the "box" immediately below with the appropriate certified or authorized signature;
(2) attach a written justification for not addressing review results prior to approval;
(3) re-submit the proposed, contract (and any documentation and associated records required for approval) to OCR with a copy of this communication; the completed and signed request for F&A executive review & approval; and, written justification for not addressing review results prior to approval.

REQUEST FOR F&A EXECUTIVE REVIEW & APPROVAL

Upon our review of the matter and based on the attached justification, we do not concur that all or part of the information above is sufficient to prevent approval of the proposed contracting document. We therefore request F&A Commissioner approval notwithstanding any detailed review results that are not addressed.

Procuring Agency Head Signature: _____

ISSUE(S) / PROBLEM(S)

- 1 To correct this contract, a non competitive amendment request will be needed. *Attached. Sent to OCR*
- 2 Section C.3 Payment Methodology. You will need to include a table showing the rates for each fiscal year beginning with fiscal year 2004 through 2008.



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
MENTAL HEALTH SERVICES
Cordell Hull Building - 3rd Floor
425 5th Avenue North
Nashville, Tennessee 37243

June 19, 2007

MEMORANDUM TO:

Robert Barlow

FROM:

Virginia Trotter Betts, MSN, JD, RN, FAAN

RE:

Non-competitive amendment request

This request is late being submitted because the original documents were returned by OCR on June 5, 2007 indicating that a Non Competitive Amendment request would be required before the Amendment could be processed.

The original contract, ED-04-01188-00, was approved for the term July 1, 2003 – June 2004. A Non Competitive Request was submitted and approved. Amendments were submitted and approved for the term July 2004 – June 2005, July 2005 – June 2006, and July 2006 – June 2007. A non-competitive amendment request was not submitted for either of these amendments. However, Amendment Number Four changed the payment methodology as well as the maximum liability, so a non-competitive amendment request should have been submitted prior to submitting the paperwork for the amendment.

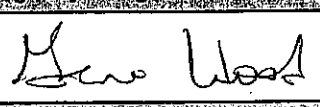
This contract is with the University of Tennessee and provides for psychiatric services to those service recipients admitted to the Memphis Mental Health Institute.

Your favorable consideration of this request is appreciated. Please let me know if you need additional information.

lp

CONTRACT SUMMARY SHEET

021406

RFS #				Contract #																											
339.17-027				ED-04-01188-04																											
State Agency				State Agency Division																											
TDMHDD				MEMPHIS MENTAL HEALTH INSTITUTE																											
Contractor Name				Contractor ID# (FEIN or SSN)																											
UNIVERSITY OF TENNESSEE				<input checked="" type="checkbox"/> C- or <input type="checkbox"/> V- C62-6001636-R3																											
Service Description																															
PSYCHIATRISTS (2-PSYCHIATRISTS & 3-PSYCHIATRIC RESIDENTS) AMENDMENT #4																															
Contract BEGIN Date		Contract END Date		Subrecipient or Vendor?		CFDA #																									
1-Jul-03		30-Jun-08																													
Mark Each TRUE Statement																															
<input type="checkbox"/> Contractor is on STARS				<input type="checkbox"/> Contractor's Form W-9 is on file in Accounts																											
Allotment Code		Cost Center		Object Code		Fund																									
339.17		302210		25Z 407		11																									
FY		State		Federal		Interdepartmental																									
2004						\$ 741,231.00																									
2005						\$ 530,055.00																									
2006						\$ 530,055.00																									
2007						\$ 530,055.00																									
2008						\$ 545,957.00																									
						\$ -																									
TOTAL		\$ -		\$ -		\$ 2,877,353.00																									
COMPLETE FOR AMENDMENTS ONLY				State Agency Fiscal Contact & Telephone #																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>FY</td> <td>Base Contract & Prior Amendments</td> <td>THIS Amendment ONLY</td> </tr> <tr> <td>2004</td> <td>\$ 741,231.00</td> <td></td> </tr> <tr> <td>2005</td> <td>\$ 530,055.00</td> <td></td> </tr> <tr> <td>2006</td> <td>\$ 530,055.00</td> <td></td> </tr> <tr> <td>2007</td> <td>\$ 530,055.00</td> <td></td> </tr> <tr> <td>2008</td> <td></td> <td>\$ 545,957.00</td> </tr> <tr> <td>TOTAL</td> <td>\$ 2,331,396.00</td> <td>\$ 545,957.00</td> </tr> <tr> <td>End Date</td> <td>6/30/2007</td> <td>6/30/2008</td> </tr> </table>				FY	Base Contract & Prior Amendments	THIS Amendment ONLY	2004	\$ 741,231.00		2005	\$ 530,055.00		2006	\$ 530,055.00		2007	\$ 530,055.00		2008		\$ 545,957.00	TOTAL	\$ 2,331,396.00	\$ 545,957.00	End Date	6/30/2007	6/30/2008	GENE WOOD (615) 532-6676 State Agency Budget Officer Approval 			
FY	Base Contract & Prior Amendments	THIS Amendment ONLY																													
2004	\$ 741,231.00																														
2005	\$ 530,055.00																														
2006	\$ 530,055.00																														
2007	\$ 530,055.00																														
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TOTAL	\$ 2,331,396.00	\$ 545,957.00																													
End Date	6/30/2007	6/30/2008																													
Contractor Ownership (complete only for base contracts with contract prefix FA or GR)																															
<input type="checkbox"/> African American		<input type="checkbox"/> Person w/ Disability		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Small Business																									
<input type="checkbox"/> Asian		<input type="checkbox"/> Female		<input type="checkbox"/> Native American		<input type="checkbox"/> NOT disadvantaged																									
<input type="checkbox"/> OTHER minority/disadvantaged—																															
Contractor Selection Method (complete for ALL base contracts—N/A to amendments or delegated authorities)																															
<input type="checkbox"/> RFP		<input type="checkbox"/> Competitive Negotiation		<input type="checkbox"/> Alternative Competitive Method																											
<input type="checkbox"/> Non-Competitive Negotiation		<input checked="" type="checkbox"/> Negotiation w/ Government (eg, ID, GG, GU)		<input type="checkbox"/> Other																											
Procurement Process Summary (complete for Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)																															

TOTAL

\$545,957.00

ED-04-01188-03

2007

[illegible]

TOTAL

[illegible]

**AMENDMENT FOUR
TO CONTRACT ED-04-01188-00**

This CONTRACT, by and between the State of Tennessee, Department of Mental Health and Developmental Disabilities-Memphis Mental Health Institute, hereinafter referred to as the State, and The University of Tennessee, hereinafter referred to as the CONTRACTOR, is hereby amended as follows:

1. Delete Section B.1 in its entirety and insert the following in its place:
 - B.1. Contract Term. This Contract shall be effective for the period commencing on July 1, 2003 and ending on June 30, 2008. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

2. Delete Section C.1 and C.3. in its entirety and insert the following in its place:

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Two Million Eight Hundred Seventy Seven Thousand Three Hundred Fifty Three (\$2,877,353.00). The Payment Rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials, or equipment required. The Payment Rates include, but are not limited to, all applicable taxes, fees, overheads, profit, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Payment Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

- C.3. Payment Methodology. The Contractor shall be compensated based on the Payment Rates in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor shall be compensated based upon the following Payment Rates:

<u>SERVICE</u>	<u>PAYMENT RATE PER MONTH & YR FY2007</u>	<u>PAYMENT RATE PER DAY & YR FY2008</u>
Two (2) Psychiatrist-Staff	\$905.28 ea/day-\$189,204ea/yr	\$932.44 ea/day -\$194,880ea/yr
One (1) Resident-1 st year	\$222.50/day -\$48,951/yr	\$229.18/day -\$50,420/yr
One (1) Resident-2 nd year	\$233.19/day -\$50,136/yr	\$240.19/day -\$51,640/yr
One (1) Resident-4 th year*	\$4,380.00/mo -\$52,560/yr	-\$54,137/yr
*Residency not used for 3 rd students		

The Contractor shall not be compensated for travel time to the primary location of service provision.

The Contractor shall submit monthly invoices for completed work, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall, at a minimum, include the name of each individual, the individual's job title, the number of hours worked during the period, the applicable Payment Rate, the total compensation requested for the individual, and the total amount due the Contractor for the period invoiced.

The Contractor will be allowed a maximum number of billable days per position per contract as follows:

Full-time Psychiatrist (2) will be allowed up to 1,672 hours or 209 days.

Resident-1st year will be allowed up to 1,760 hours or 220 days.

Resident-2nd year will be allowed up to 1,720 hours or 215 days.


A "day" shall be defined as a minimum of eight (8) hours of service. The Contractor shall bill only for portions of a day if the Contractor provided fewer than eight hours of service in a standard twenty-four hour day. The Contractor shall not bill more than the daily rate even if the Contractor works more than eight hours in a day.

A "month" shall be defined as a minimum of eight (8) hours of service per workday – Monday through Friday excluding weekends and MHDD paid state holidays. The Contractor shall bill only for portions of a month if the Contractor provided less than the anticipated Monday through Friday on a pro rata basis of daily rate /eight (8) hours.

The other terms and conditions of this contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:

UNIVERSITY OF TENNESSEE




NAME & TITLE
Anthony A. Ferrara
Vice Chancellor
Finance & Operations

4-26-07

DATE

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES:



Virginia T. Betts, MSN, JD, RN, FAAN, Commissioner

5-3-07

DATE

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. Goetz, Jr., Commissioner

DATE

DEPARTMENT OF PERSONNEL:

Deborah E. Story, Commissioner

DATE

COMPTROLLER OF THE TREASURY:

John G. Morgan, Comptroller of the Treasury

DATE



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF CONTRACTS REVIEW
Contract Review Notes

RFS # 339.17-027, ED-04-01188-04, University of Tennessee

OCR REVIEWER: Una Tosh

DATE: June 5, 2007

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ii Obtain new contract party signatures (or initials) as necessary and appropriate for contract revisions.

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Procuring Agency Head Signature: _____

ISSUE(S) / PROBLEM(S)

1 To correct this contract, a non competitive amendment request will be needed.

2 Section C.3 Payment Methodology. You will need to include a table showing the rates for each fiscal year beginning with fiscal year 2004 through 2008.

See attached. This has not been submitted to OCR pending outcome of non-competitive Amendment Request.

**AMENDMENT FOUR
TO CONTRACT ED-04-01188-00**

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One (1) Resident-4 th year*	\$4,380.00/mo -\$52,560/yr	-\$54,137/yr
*Residency not used for 3 rd students		

(See attachment A for the comparison of payment rates for fiscal years 2004 through 2008)

The Contractor shall not be compensated for travel time to the primary location of service provision.

The Contractor shall submit monthly invoices for completed work, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall, at a minimum, include the name of each individual, the individual's job title, the number of hours worked during the period, the applicable Payment Rate, the total

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The other terms and conditions of this contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:

UNIVERSITY OF TENNESSEE

NAME & TITLE

DATE

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES:

Virginia T. Betts, MSN, JD, RN, FAAN, Commissioner

DATE

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. Goetz, Jr., Commissioner

DATE

DEPARTMENT OF PERSONNEL:

Deborah E. Story, Commissioner

DATE

COMPTROLLER OF THE TREASURY:

John G. Morgan, Comptroller of the Treasury

DATE

UT MED DIRECTOR, PSYCH & RESIDENTS-COMPARISON ANALYSIS
FY 2004 THRU FY2008
CALCULATION WORKSHEET

[illegible]

From: Linda White
To: Parker, Linda
Date: 6/20/2007 3:15 PM
Subject: Fwd: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FOR UT-ED04-01188
Attachments: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FOR UT-ED04-01188

Linda,

I have gotten an OK from UT on the revision to include the payment history as an attachment for amendment #4 for ED-04-01188 contract.

Linda C. White
Financial/Fiscal Director, MMHI
Work: (901) 524-1212
Fax : (901) 524-1214
Linda.White@state.tn.us

The information transmitted is intended solely for the individual or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you have received this email in error, please delete it and immediately notify the person named above by reply mail

From: "Pulliam, Sandra S" <spulliam@utmem.edu>
To: "Linda White" <Linda.White@state.tn.us>
Date: 6/20/2007 3:01 PM
Subject: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FORUT-ED04-01188

That'll be fine.

Sandra Pulliam
Contracts Manager
University of Tennessee Health Science Center
Telephone: 901-448-4890
Fax: 901-448-7775

-----Original Message-----

From: Linda White [mailto:Linda.White@state.tn.us]
Sent: Wednesday, June 20, 2007 2:13 PM
To: Haynes, Aaron M; Pulliam, Sandra S
Subject: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FORUT-ED04-01188
Importance: High

**** High Priority ****

Thanks, Aaron. I will be awaiting Sandra's approval.

Linda C. White
Financial/Fiscal Director, MMHI
Work: (901) 524-1212
Fax : (901) 524-1214
Linda.White@.state.tn.us

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>>> "Haynes, Aaron M" <ahaynes@utmem.edu> 6/20/2007 12:51 PM >>>
It looks fine to me.

Aaron

-----Original Message-----

From: Linda White [mailto:Linda.White@state.tn.us]
Sent: Wednesday, June 20, 2007 11:42 AM
To: Pulliam, Sandra S
Cc: Haynes, Aaron M
Subject: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FOR UT-ED04-01188
Importance: High

**** High Priority ****

Sandra,

TDMHDD contract office requested a revision to contract amendment #4 (ED04-01188-04) for FY2008 for us to include a payment history starting with FY2004. In order to expedite this request, my suggestion is to add an attachment labeled "ATTACHMENT A" & make a note in section C.3. Payment Methodology to reference the attachment.

I have attached the two files which would show this revision that our contract office is requesting. I need UT's approval via email to proceed with this revision & use the signature sheet from the previously submitted amendment.

Thanks,

```

X-asp:
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SendID<1> SpamDictionary (TRU10) Plus<0>
html_image_spam<0> AllowedStrings<0> Adult Dictionary
(TRU10) Plus<0> HTML (TRU2) PLUS<0> Obscenities Dictionary
(TRU10)<0> Spam Dictionary (TRU10)<0> Host Dictionary
(TRU10)<0> Adult Dictionary (TRU10)<0> Broad HTML
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Spam Dictionary (TRU10)<0> GermanDictionary<0> HTML
Dictionary (TRU10)<0> SPAM TRU3PLUS<0>URL Real-Time
Signatures<0> Spam Dictionary 2
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mXAAJ58SC6dHfDVe0/mWdksJA>

```

That'll be fine.

Sandra Pulliam
Contracts Manager
University of Tennessee Health Science Center
Telephone: 901-448-4890
Fax: 901-448-7775

-----Original Message-----

From: Linda White [mailto:Linda.White@state.tn.us]
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To: Haynes, Aaron M; Pulliam, Sandra S
Subject: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON
FORUT-ED04-01188Importance: High

**** High Priority ****

Thanks, Aaron. I will be awaiting Sandra's approval.

Linda C. White
Financial/Fiscal Director, MMHI
Work: (901) 524-1212
Fax : (901) 524-1214
Linda.White@.state.tn.us

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>>> "Haynes, Aaron M" <ahaynes@utmem.edu> 6/20/2007 12:51 PM >>>
It looks fine to me.

Aaron

-----Original Message-----

From: Linda White [mailto:Linda.White@state.tn.us]

Sent: Wednesday, June 20, 2007 11:42 AM

To: Pulliam, Sandra S

Cc: Haynes, Aaron M

Subject: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FOR UT-ED04-01188

Importance: High

**** High Priority ****

Sandra,

TDMHDD contract office requested a revision to contract amendment #4 (ED04-01188-04) for FY2008 for us to include a payment history starting with FY2004. In order to expedite this request, my suggestion is to add an attachment labeled "ATTACHMENT A" & make a note in section C.3. Payment Methodology to reference the attachment.

I have attached the two files which would show this revision that our contract office is requesting. I need UT's approval via email to proceed with this revision & use the signature sheet from the previously submitted amendment.

Thanks,

CONTRACT SUMMARY SHEET

9.5428

RFS #		Contract #	
339.17-027		ED-04-01188-03	
State/Agency		State/Agency Division	
TDMHDD		MEMPHIS MENTAL HEALTH INSTITUTE	
Contractor Name		Contractor ID # (FEIN or SSN)	
UNIVERSITY OF TENNESSEE		X C- or V- C62-6001636-R3	
Service Description			
PSYCHIATRISTS (2-PSYCHIATRISTS & 3-PSYCHIATRIC RESIDENTS) AMENDMENT #3			
Contract BEGIN Date	Contract END Date	Subrecipient or Vendor?	CFDA #
1-Jul-03	30-Jun-07		
Mark Each TRUE Statement			
<input type="checkbox"/> Contractor is on STARS		<input type="checkbox"/> Contractor's Form W-9 is on file in Accounts	
Allocation Code	Cost Center	Object Code	Fund
339.17	302210	25Z 407	11
Funding Grant Code	Funding Subgrant Code		
FY	State	Federal	Interdepartmental
2004			\$ 741,231.00
2005			\$ 530,055.00
2006			\$ 530,055.00
2007			\$ 530,055.00
			\$ -
			\$ -
TOTAL	\$ -	\$ -	\$ 2,331,396.00
COMPLETE FOR AMENDMENTS ONLY			
State Agency Fiscal Contact & Telephone			
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	GENE WOOD (615) 532-6676
2004	\$ 741,231.00		State Agency Budget Officer Approval
2005	\$ 530,055.00		
2006	\$ 530,055.00		
2007		\$ 530,055.00	Funding Certification (certification required by T.C.A. § 9-4-511B that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)
TOTAL	\$ 1,801,341.00	\$ 530,055.00	
End Date	06/30/07		
Contractor Ownership (complete only for base contracts with contract prefix FA or GR)			
<input type="checkbox"/> African American	<input type="checkbox"/> Person w/ Disability	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> NOT disadvantaged
OTHER minority/disadvantaged—			
Contractor Selection Method (complete for ALL base contracts — N/A to amendments or delegated authorities)			
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method	
<input type="checkbox"/> Non-Competitive Negotiation	X Negotiation w/ Government (GG or GU)	<input type="checkbox"/> Other	
Procurement Process Summary (complete for Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)			

MAY 24 2008

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MAY 24 4 46 PM '08
OFFICE OF
STATE SERVICES

CONTRACT SUMMARY SHEET

RES Number: 17-027	Contract Number: ED-07-01188-02
Agency: T D MHDE	Division: MEMPHIS MENTAL HEALTH INSTITUTE
Contractor: UNIVERSITY OF TENNESSEE	Contractor Identification Number: C 62-6001636-R2
x	V- C-

Service Description

PSYCHIATRISTS (2-PSYCHIATRISTS & 3-PSYCHIATRIC RESIDENTS) AMENDMENT #2

Contract Begin Date: 1-Jul-03	Contract End Date: 30-Jun-06
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339.17	302210	25Z 407	11	on STARS
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Year	Amount	Amount	Amount	Amount	Total Contract Amount including Amendments
2004				\$741,231.00	\$741,231.00
2005				\$530,055.00	\$530,055.00
2006				\$530,055.00	\$530,055.00
					\$0.00
					\$0.00
					\$0.00
	\$0.00	\$0.00	\$0.00	\$1,801,341.00	\$1,801,341.00

GENE WOOD

12TH FLOOR ANDREW JOHNSON

(615) 532-6676

X

X

X

X

Pursuant to T.C.A., Section 9-6-113, I, M.D. Gotez, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
2005 JUN -1 PM 2:37
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

JUN 23 2005

	6/30/2005	6/30/06
2004	\$741,231.00	
2005	\$530,055.00	
2006		\$530,055.00
	\$1,271,286.00	\$530,055.00

CONTRACT SUMMARY SHEET

PS Number	339.17-027	Contract Number	ED-04-01188-01
Agency	T D MHDD	Division	MEMPHIS MENTAL HEALTH INSTITUTE
Contractor	Contractor Identification Number		

UNIVERISTY OF TENNESSEE		V-	C 62-6001636-R3
	x	C-	

Service Description

PSYCHIATRISTS (2-PSYCHIATRISTS & 3-PSYCHIATRIC RESIDENTS) AMEND #1

Contract Begin Date	Contract End Date
1-Jul-03	30-Jun-05

Alt Item Code	Alt Center	Alt Item Code	Alt Item Code	Alt Item Code	Alt Item Code	Alt Item Code
339.17	302210	25Z 407	11		on STARS	

Year	State Funds	Federal Funds	Local Funds	Total Funds	Total Funds Available
2004				\$741,231.00	\$741,231.00
2005				\$530,055.00	\$530,055.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Total	\$0.00	\$0.00	\$0.00	\$1,271,286.00	\$1,271,286.00

NAME		Is the Vendor a NEWLY Hired Vendor?	
State Fiscal Donor		Is the Vendor a SUPPLEMENTAL COMBEE?	
NAME	MARLENE ALVAREZ	Is the Vendor an ENDORSEMENT?	X
ADDRESS	CORDELL HULL BLDG, 3RD FLOOR	Is the Vendor a FUNDING SOURCE LIMITED?	X
PHONE	(615) 532-6741	Is the Vendor a FUNDING SOURCE UNLIMITED?	X
Procuring Agency Budget Officer Signature		Is the Vendor a NEWLY Hired Vendor?	
		Is the Vendor a FUNDING SOURCE LIMITED?	X

Marlene D. Alvarez

COMPARIS FOR ALL AMENDMENTS ONLY		
	Base Contract and/or Amendments	This Amendment
End Date	6/30/2005 <i>2004</i>	<i>6/30/05</i>
2004	\$741,231.00	
2005		\$530,055.00
Totals	\$741,231.00	\$530,055.00

Pursuant to T.C.A., Section 9-6-113, I, M.D. Gotez, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
JUN 28 PM 12:02
FEDERAL BUREAU OF
INVESTIGATION
U.S. DEPARTMENT OF
JUSTICE
WASHINGTON, D.C.

JUL 14 1964

CONTRACT SUMMARY SHEET


RFS Number:	339.17-027	Contract Number:	ED-04-01188-00
State Agency:	T D MHDD	Division:	MEMPHIS MENTAL HEALTH INSTITUTE
Contractor:		Contractor Identification Number:	
UNIVERSITY OF TENNESSEE		V-	C 62-6001636-R3
		x C-	

Service Description
PSYCHIATRISTS (1 MEDICAL DIRECTOR & 2 ^{Psychiatrist} PSYCHIATRISTS & PSYCHIATRIC RESIDENTS (3)

Contract Begin Date:	Contract End Date:
1-Jul-03	30-Jun-04

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
339.17	302210	25Z 407	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments	
2004				\$741,231.00	\$741,231.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
Total	\$0.00	\$0.00	\$0.00	\$741,231.00	\$741,231.00	

CFDA Number:		Check the box (below) ONLY if the answer is YES.	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	MARLENE ALVAREZ	Is the Contractor a VENDOR? (per OMB A-133)	X
Address:	CORDELL HULL BLDG, 3RD FLOOR	Is the Fiscal Year Funding STRICTLY LIMITED?	X
Phone:	(615) 532-6741	Is the Contractor on STARS?	X
Procuring Agency Budget Officer Signature:		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	X

 COMPLETE FOR ALL AMENDMENTS (only)			Pursuant to T.C.A., Section 9-6-113, I, M.D. Gotez, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Base Contract & Prior Amendments	This Amendment ONLY		
End Date >			
FY			
FY			
FY			
FY			
FY			

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 MEMPHIS MENTAL HEALTH INSTITUTE
 JUNE 11 2004
 12 8 13 71 PM 00
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